

## VIVITROL PILOT REFERRAL FOR HEALTH SERVICES

PATIENT NAME (Last, First)	DOC NUMBER	DATE OF BIRTH	FACILITY
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### PART 1 – TO BE COMPLETED BY AODA SOCIAL WORKER

INITIAL REFERRAL:

INFORMED OF VIVITROL PILOT PROGRAM AND PROVIDED HANDOUTS  YES  NO

END DATE OF PROGRAM

REFERRAL FROM (print name)

REFERRAL DATE

**INSTRUCTIONS:** Global scan to mailbox DOC DL DAI Vivitrol HSU

### PART 2 – TO BE COMPLETED BY HEALTH SERVICE UNIT STAFF

DATE REFERRAL RECEIVED

SCHEDULE LAB TESTS – ONE (1) WEEK PRIOR TO PROVIDER APPT.  LIVER FUNCTION TESTS  URINE DRUG SCREEN DATE

DATE SEEN BY PROVIDER

PATIENT CLEARED FOR TREATMENT BY ADVANCED CARE PROVIDER (ACP)  YES  NO

VIVITROL CONSENT FOR TREATMENT SIGNED (on form DOC-3761)  YES  NO  N/A

ORDER WRITTEN FOR VIVITROL INJECTION AND LABS PRIOR TO RELEASE  YES  NO  N/A

ORDER FOR VIVITROL SENT TO CENTRAL PHARMACY SERVICES (CPS)  YES  NO DATE SENT

SENT BY

RN (Print name)	RN SIGNATURE	DATE SIGNED
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**INSTRUCTIONS:** Global scan to mailbox DOC DL DAI Vivitrol SW

### PART 3 – TO BE COMPLETED BY SOCIAL WORK PRIOR TO RELEASE OF INMATE

ESTABLISH PROJECTED RELEASE DATE DATE

DUE TO RELEASE THE WEEK OF (Pharmacy to send medication the week of release, no more than 7 days prior to release)

REQUEST VIVITROL TO BE SENT FROM CPS TO FACILITY  YES  NO DATE SENT

NOTIFY AGENT OF ANTICIPATED RELEASE DATE AND DATE OF VIVITROL INJECTION (which is the day prior to release)  YES  NO

**INSTRUCTIONS:** Global scan to mailbox DOC DAI CPS RX STAT, DOC DL DAI Vivitrol HSU

### PART 4 – TO BE COMPLETED BY HEALTH SERVICE UNIT

SCHEDULE A URINE DRUG SCREEN WITHIN 7 DAYS OF RELEASE DATE

SCHEDULE VIVITROL INJECTION ON THE DAY PRIOR TO RELEASE (nurse to review urine drug screen prior to injection)

VIVITROL INJECTION GIVEN  YES  NO DATE

**INSTRUCTIONS:** FILE COMPLETED FORM IN PATIENT'S MEDICAL RECORD.